



# Programme ‘Outcome Information for Shared Decision-Making’

If you are a patient and you want to find information about the best health care organisation to treat your problems, you will easily find this information, decide which is the best consulting room to discuss – together with your doctor – the best treatment in your situation. In five years’ time this will be possible in the Netherlands for disorders that make up 50% of the national ‘burden of disease’

To realise this, the Ministry of Health, Welfare and Sport (VWS) has commissioned The National Health Care Institute (Zorginstituut Nederland) to carry out the ‘Outcome Information for Joint Decisions’ programme until 2022. This will involve collaboration with many parties in health care (such as care professionals, hospitals, patients’ associations and health care insurers), and participation in joint decision-making initiatives that already exist.

## Five projects

The programme contains five projects,

### 1. Selection 50% ‘burden of disease’

This project determines for which disorders outcome information must be available in 5 years’ time. Together, all these disorders should cover half of the burden of disease in the Netherlands.

When choosing these disorders, we will include:

- Disorders where shared decision-making plays an important role (e.g. this is often not possible with emergency care).
- Disorders for which data are already collected. For instance, if a quality registry exists or if international standard sets (ICHOM) exist and are used.

### 2. ICHOM as an accelerator for outcome information?

In this project we search for answers to the question: ‘can ICHOM accelerate the availability of outcome information? And what impact will it have on existing processes, interests and accountabilities? For instance, will certain information that is currently used no longer be available?’

For more information, see the separate factsheet ‘ICHOM as an accelerator’

### 3. Toolbox for exchanging information

This project will investigate which techniques or instruments are needed in order to make shared decision-making possible in practice. These techniques/instruments must be suited to both patients and health care providers for collecting, analysing and sharing outcome information.

### 4. Supplying information

The success of shared decision-making depends on information being supplied by health care organisations. What agreements need to be made about this? What is feasible and who will take on which role? And how can patients be encouraged to share their experiences?

### 5. Encouraging a change in culture

Really making shared decision-making possible demands a change, both for patients and for health care professionals. This project provides support by communicating effectively and by supporting the right initiatives and developments.

## Contact

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